

FILED  
U.S. DISTRICT COURT  
DISTRICT OF NEBRASKA

## UNITED STATES DISTRICT COURT

for the

2016 JUL 28 PM 1:42

OFFICE OF THE CLERK

Lisa Nelson, personally and as  
assignee of claims belonging to the  
Shanandoah Trust, et al.

*Plaintiff/Petitioner*

) Civil Action No. 8:16cv368

D. Christensen, et al.

*Defendant/Respondent*

)

)

)

)

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**  
**(Short Form)**

I am a defendant in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

*1. If incarcerated. I am being held at:*

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

*2. If not incarcerated. If I am employed, my employer's name and address are:*

*Not working* due to illness- Limes Disease.

My gross pay or wages are: \$ \_\_\_\_\_, and my take-home pay or wages are: \$ \_\_\_\_\_ per  
(specify pay period) \_\_\_\_\_.

*3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):*

- |  |   |                             |
|--|---|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (f) Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

disability stipend from previous employment

5240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 12.00.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

automobile \$2,500  
real estate- equity value \$6,800

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

mortgage payments- \$720/mo  
utilities/mo. - \$220.00

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

kammi Christinsen daughter (live with me)  
Kimber Christicsen daughter (live with me)

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Primo equity lenders- \$720/mo.

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 7/23/2016

  
*D. Christinsen*  
Applicant's signature

D. Christinsen

Printed name